

**REQUEST FOR ADMINISTRATIVE REVIEW  
(SEIZURE OF PROPERTY)**

To request a review, please fill out this form and mail it to the address on the last page or fax it to the number on the last page.

You **cannot** request an Administrative Review by telephone

Name (*Last, First, M.I.*) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Residence Address (*No., Street*) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Mailing Address (*No., Street*) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

ATLAS No. \_\_\_\_\_

A.R.S. § 25-521 authorizes the Department of Economic Security, Division of Child Support Services (the Department), to levy against an account held by a financial institution on behalf of a person who is in arrears in an amount greater than or equal to 12 months of current support or who has a court ordered judgment against him/her. A levy requires your financial institution to place a hold on money in your account up to the amount of support you owe and, upon notice, to send it to the Department, which is authorized to take this action even if your account is held jointly, and even if you have been making regular support payments.

If you want to request an administrative review of the Department's action, you must fill out this form and return it to the Department within 15 days after the date of the mailing of the Notice of Levy by the Financial Institution.

**REASON FOR REQUESTING REVIEW**

Property not subject to Levy.

No or fewer arrears owed.

Mistaken Identity.

I was not in arrears in an amount of 12 months of support at the time the property was seized and no judgment has been entered against me.

The amount for support held by the financial institution (*or to be deducted from my account*) is more than I owe. I believe the correct amount of past due support I owe is: \$ \_\_\_\_\_.

I am in bankruptcy and the funds held are the property of the estate subject to the automatic stay. Bankruptcy case # \_\_\_\_\_ . Date petition was filed: \_\_\_\_\_ . Plan has been confirmed: Yes No

I am a joint account holder with an interest in the property.

I have already requested a review of my case. I requested the review in writing on: \_\_\_\_\_.

Other: \_\_\_\_\_

**I ENCLOSE THE FOLLOWING INFORMATION AND DOCUMENTS AS PROOF OF MY CLAIM**

If joint account, contribution to the account to include deposit slips, three months of bank statements, or any other proof related to contribution.

Mistake in identity (*supporting documentation shall consist of two (2) of the following: driver license, ID card issued by a state, outlying possession of the U.S. or U.S. territories, social security card, birth certificate, ID card issued by federal, state, or local government agencies or entities, school ID card with a photograph, voter's registration card, U.S. military card, U.S. Coast Guard Merchant Marine Card, and/or Native American tribal document, or other official document*).

Canceled check(s) (*front and back*)/money order(s).

Pay stubs showing child support withheld.

Child support order.

Letter(s) from employer(s) who withheld support from my paycheck.

Receipt(s) for child support payment(s) made in cash.

School or day care record(s) showing that I had or have physical custody of the child(ren).

Written statements signed and notarized by the custodial party.

Documents proving ownership of the seized property.

Other document(s) that will assist the Department: \_\_\_\_\_

If you do not provide information or documentation, including any requested by the Department, the Department will make its final determination based on the information available.

**NOTE: Upon timely receipt of this request, the department will hold any money it receives from your financial institution until after the department renders a final determination on your request.**

Signature of Person Requesting Administrative Review \_\_\_\_\_ Date \_\_\_\_\_

Division of Child Support Services / Admin Review Unit  
P.O. Box 40408  
Mail Drop 7715  
Phoenix, AZ 85067  
FAX No.: (602) 771-8398

**You will be notified by mail in 15 days of the results of your review.**

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